

SENATE BILL No. 229

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10.3-8.

Synopsis: State employee PERF benefit deductions. Authorizes a member (and the survivor or beneficiary of a member) of the public employees' retirement fund (PERF) who is a state employee to make a deduction from the member's monthly benefit to pay: (1) premiums for certain group insurance plans offering life, medical, surgical, hospitalization, dental, vision, long term care, or Medicare supplement coverage; and (2) dues to any association that proves to the PERF board's satisfaction that the association has as members at least 20% of the number of retired PERF members.

Effective: July 1, 2009.

Deig

January 7, 2009, read first time and referred to Committee on Pensions and Labor.

C
o
p
y



Introduced

First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

SENATE BILL No. 229

A BILL FOR AN ACT to amend the Indiana Code concerning pensions.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 5-10.3-8-10, AS AMENDED BY P.L.12-2008,
2 SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2009]: Sec. 10. ~~Assignment of Benefits~~. **(a) This section does**
4 **not apply to employees of the state (as defined in IC 5-10.3-7-1(d)).**

5 **(b)** A member or a beneficiary may not assign any payment except
6 for:

7 (1) premiums on a life, hospitalization, surgical, or medical group
8 insurance plan maintained in whole or in part by:

9 (A) a state agency; or

10 (B) any association that proves to the board's satisfaction that
11 the association has as members at least twenty percent (20%)
12 of the number of the retired members of the fund; and

13 (2) dues to any association ~~which~~ **that** proves to the board's
14 satisfaction that the association has as members at least twenty
15 percent (20%) of the number of the retired members of the fund.

16 SECTION 2. IC 5-10.3-8-10.5 IS ADDED TO THE INDIANA
17 CODE AS A **NEW** SECTION TO READ AS FOLLOWS

2009

IN 229—LS 6745/DI 102+



C
o
p
y

[EFFECTIVE JULY 1, 2009]: **Sec. 10.5. (a)** This section applies to employees of the state (as defined in IC 5-10.3-7-1(d)).

(b) A member or a survivor or beneficiary of a member may not assign any payment from the fund except as provided in this section.

(c) Notwithstanding any other provision in this article or IC 5-10.2, a member or a survivor or beneficiary of a member who is receiving a monthly benefit from the fund may, after June 30, 2009, authorize the board to make a deduction from the benefit.

(d) An authorization for a deduction from a monthly benefit paid by the fund is valid only if all of the following requirements are met:

(1) The authorization is:

(A) in writing;

(B) signed personally by the person receiving the benefit;

(C) revocable at any time by the person receiving the benefit upon written notice to the board; and

(D) agreed to in writing by the board.

(2) An executed copy of the authorization is delivered to the board within ten (10) days after its execution.

(3) The deduction is made for a purpose described in subsection (e).

(e) A deduction under this section may be made for the purpose of paying any of the following:

(1) A premium for a group insurance plan for life, medical, surgical, hospitalization, dental, vision, long term care, or Medicare supplement coverage offered to retired or disabled members and maintained in whole or in part by:

(A) the board;

(B) the state; or

(C) any association that proves to the board's satisfaction that the association has as members at least twenty percent (20%) of the number of the retired members of the fund.

(2) Dues to any association that proves to the board's satisfaction that the association has as members at least twenty percent (20%) of the number of the retired members of the fund.

**C
o
p
y**

